

1. CIR./DIST./DIV. CODE NCM		2. PERSON REPRESENTED TURNER, ERIC C.		VOUCHER NUMBER 14098000162	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:13-000275-001		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) US v. TURNER		8. PAYMENT CATEGORY Misdemeanor		9. TYPE PERSON REPRESENTED Adult Defendant	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) 1) 18 1700.M -- DESERTION OF MAILS		10. REPRESENTATION TYPE (See Instructions) Criminal Case			
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS CARPENTER IV, HARVEY ALEXANDER Suite 410 100 South Elm St. Greensboro NC 27401		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney Prior Attorney's Name _____ Appointment Date _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order 08/26/2013 Nunc Pro Tunc Date 8/26/13 Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF EXAMINER (only provide per instructions) IN THIS OFFICE Clerk U. S. District Court Greensboro, N.C. By W.W.		15. CLAIM FOR SERVICES AND EXPENSES CATEGORIES (Attach itemization of services with dates) 15. a. Arraignment and/or Plea 2.2 b. Bail and Detention Hearings - c. Motion Hearings - d. Trial - e. Sentencing Hearings .7 f. Revocation Hearings - g. Appeals Court - h. Other (Specify on additional sheets) - (Rate per hour = \$ ) TOTALS: 2.9 340.00 16. OUT OF COURT a. Interviews and Conferences 4.0 b. Obtaining and reviewing records 5.4 c. Legal research and brief writing .8 d. Travel time 4.0 e. Investigative and Other work (Specify on additional sheets) 3.5 (Rate per hour = \$ ) TOTALS: 17.7 2070.00 17. Travel Expenses (lodging, parking, meals, mileage, etc.) 133.34 18. Other Expenses (other than expert, transcripts, etc.) - GRAND TOTALS (CLAIMED AND ADJUSTED): 2543.34			
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM 8-6-13 TO 12-12-13		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION 4	
22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: H.A. Carpenter Dater: 8-22-14					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP. 340.00		24. OUT OF COURT COMP. 2,070.00		25. TRAVEL EXPENSES 133.34	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE 9/26/14		27. TOTAL AMT. APPR / CERT 2,543.34	
29. IN COURT COMP.		30. OUT OF COURT COMP.		32. OTHER EXPENSES	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		DATE		33. TOTAL AMT. APPROVED	
				34a. JUDGE CODE 1808 18BC	